UNITED STATES NATIONAL STAGE WORKSHEET
Charitta Burt

U. S. Application Serial Number __10/563800__

Publication Date __2-3-05__ **U.S. ONLY yes** ____ **no** _✓_

Publication No. WO __2006 . 010438__ _____ **PCT/RO/101** ___

Copy of ISR _✓_ **References** __ **Copy of IPER** _✓_ **Annexes** ___ **entered** ___ **not entered** ___ **No translation** __ **Text sequence** __

Assignee information ___

Priority Info Country _____ **Number** _____ **date** _____ **MORE DOC.**

Correspondence Number _____

Inventor Residence city _____ **state and/or country** _____ **citizenship** _____

International Application Number PCT __IT2003 , 000462__ _____ **Language** _____

Copy in International Application _✓_ **Translation required yes** __ **no** __ **Number Spec. Pg** _____ **claims pgs** _____

371 Filing Fees __✓__ **Late Oath/ decl. fee paid** _____ **US IPER meets Art. 33(2)-(3) Low fee applies** _____

Total Claims __15__ **Chargeable** __5__ **Independent** __1__

Number of drawing Sheets __6__ **Foreign Text in drawing:** _____

Oath/Declaration _____ **signed** _____ **unsigned** _____ **defective** _____ **completed** _____ **P. Attorney** _____

Small entity fee _____ **SME document yes** _____ **no** _____

Bio Seq. Diskette _____ **entered** _____ **Bio Seq. Listing:** _____ **statement** _____

Article 19 Amendment _____ **replaced by Article 34 Amdt.** _____

Preliminary Amendment _✓_ **date** __1-9-06__ **2nd amendment date** _____

IDS _✓_ **DATE** __1-9-06__ **2nd** ___ **DATE** _____

Request for Immediate Examination: __✓__

Substitute Specification ____ **date** _____

Assignment ____ **Abstract pgs** __2__

Priority Document ____ **Number of copies included** _____

Date of 35 USC Receipt of Request: __1-9-06__ / _____ **Notes:** _____

Date Completion USC 371 Requirements: _____ /

Notice of Missing Requirements: __4-27-06__ /

Notice of Defective Response: _____ /

Notice of Acceptance: _____ /

Notice to Comply with Nucleotide and/or Amino Acid Sequence disclosures _____

Notice of Abandonment _____ **Petition to Revive** _____

Other forms _____ **Extension of time Number of months** ____